

County: Washington
 SAMARITAN HEALTH CENTER
 531 E WASHINGTON ST
 WEST BEND 53095

Phone: (262) 335-4500
 Operated from 1/1 To 12/31 Days of Operation: 366
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/04): 212
 Total Licensed Bed Capacity (12/31/04): 212
 Number of Residents on 12/31/04: 199

Ownership:
 Highest Level License: Skilled
 Operate in Conjunction with CBRF? No
 Title 18 (Medicare) Certified? Yes
 Title 19 (Medicaid) Certified? Yes
 Average Daily Census: 206

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		26.1
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		44.7
Supp. Home Care-Household Services	No	Developmental Disabilities	2.0	Under 65	4.5	More Than 4 Years		29.1
Day Services	Yes	Mental Illness (Org./Psy)	33.7	65 - 74	10.6			-----
Respite Care	No	Mental Illness (Other)	6.0	75 - 84	32.2			100.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	43.2	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.5	Full-Time Equivalent		
Congregate Meals	Yes	Cancer	4.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	0.0		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	15.6	65 & Over	95.5	-----		
Transportation	No	Cerebrovascular	13.1		-----	RNs		7.0
Referral Service	No	Diabetes	17.1	Gender	%	LPNs		11.6
Other Services	No	Respiratory	8.5		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	0.0	Male	27.6	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	72.4			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	Yes				100.0			

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	14	9.6	154	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	14	7.0	
Skilled Care	11	100.0	353	116	79.5	128	0	0.0	0	38	90.5	199	0	0.0	0	0	0.0	0	165	82.9	
Intermediate	---	---	---	13	8.9	108	0	0.0	0	4	9.5	188	0	0.0	0	0	0.0	0	17	8.5	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	3	2.1	188	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	1.5	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	11	100.0		146	100.0		0	0.0		42	100.0		0	0.0		0	0.0		199	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	10.2	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	3.6	Bathing	0.0	52.8	47.2	199
Other Nursing Homes	20.4	Dressing	8.5	68.8	22.6	199
Acute Care Hospitals	58.4	Transferring	28.6	50.8	20.6	199
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	19.1	51.8	29.1	199
Rehabilitation Hospitals	1.5	Eating	52.8	36.7	10.6	199
Other Locations	5.8	*****				
Total Number of Admissions	137	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	7.5		Receiving Respiratory Care	7.0
Private Home/No Home Health	7.4	Occ/Freq. Incontinent of Bladder	46.2		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	15.4	Occ/Freq. Incontinent of Bowel	32.2		Receiving Suctioning	0.0
Other Nursing Homes	2.0				Receiving Ostomy Care	3.5
Acute Care Hospitals	1.3	Mobility			Receiving Tube Feeding	4.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	1.5		Receiving Mechanically Altered Diets	36.2
Rehabilitation Hospitals	0.0					
Other Locations	6.0	Skin Care			Other Resident Characteristics	
Deaths	67.8	With Pressure Sores	9.0		Have Advance Directives	86.9
Total Number of Discharges		With Rashes	14.6		Medications	
(Including Deaths)	149				Receiving Psychoactive Drugs	60.3

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Government Peer %	Group Ratio	Bed Size: 200+ Peer %	Group Ratio	Licensure: Skilled Peer %	Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.6	94.7	0.98	88.9	1.04	87.3	1.06	88.8	1.04
Current Residents from In-County	85.9	85.4	1.01	83.3	1.03	85.8	1.00	77.4	1.11
Admissions from In-County, Still Residing	32.1	37.5	0.86	25.0	1.28	20.1	1.60	19.4	1.66
Admissions/Average Daily Census	66.5	64.3	1.03	116.5	0.57	173.5	0.38	146.5	0.45
Discharges/Average Daily Census	72.3	66.5	1.09	119.3	0.61	174.4	0.41	148.0	0.49
Discharges To Private Residence/Average Daily Census	16.5	18.9	0.88	41.9	0.39	70.3	0.23	66.9	0.25
Residents Receiving Skilled Care	89.9	92.9	0.97	95.1	0.95	95.8	0.94	89.9	1.00
Residents Aged 65 and Older	95.5	95.2	1.00	91.8	1.04	90.7	1.05	87.9	1.09
Title 19 (Medicaid) Funded Residents	73.4	72.0	1.02	64.3	1.14	56.7	1.29	66.1	1.11
Private Pay Funded Residents	21.1	21.7	0.97	19.3	1.09	23.3	0.91	20.6	1.03
Developmentally Disabled Residents	2.0	1.0	1.99	0.8	2.39	0.9	2.31	6.0	0.33
Mentally Ill Residents	39.7	42.7	0.93	39.0	1.02	32.5	1.22	33.6	1.18
General Medical Service Residents	0.0	12.9	0.00	21.2	0.00	24.0	0.00	21.1	0.00
Impaired ADL (Mean)	52.4	45.9	1.14	50.4	1.04	51.7	1.01	49.4	1.06
Psychological Problems	60.3	42.4	1.42	56.9	1.06	56.2	1.07	57.7	1.05
Nursing Care Required (Mean)	9.3	7.4	1.25	8.1	1.15	7.7	1.20	7.4	1.25